SUBMISSION ID:
 1099173
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB: DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	l inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Dis	
SAMPLING	Grab	Grab	Grab	Grab	Grab	Grab	Total
TYPE	Grau	ulau	Ulau	Glau	Grau	Grau	iviai
2021-10-01							
2021-10-02		<u> </u>				 	
2021-10-03						 	
2021-10-04 2021-10-05		-					
2021-10-05		-				 	
2021-10-07		-				 	
2021-10-08						t	
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2021-10-10							
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2021-10-14				<u> </u>		 	
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2021-10-26 2021-10-27		 					
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2021-10-30							
2021-10-31							
Minimum		T .					
Maximum			200000000000000000000000000000000000000		00.000000000000000000000000000000000000		
Average		***************************************					
Count							
Name of Resp Official or Aut Representa	horized _{have p} ative familia submit	fy under the per personally examer with the information and the tree in and the control of the c	ined and am mation based on my	; I Signature o Author	of Responsible rized Represent		Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				te g			Certification Version Date 2021-11-18 12:1:

Page 1

 SUBMISSION ID:
 1099173
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 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

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 2134 C.R. 224
 STATION CODE:
 401

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB: DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

				DISCHARGE II		AL	
PARAMETER	Flow Rate						
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch.						
SAMPLING	24hr Total						
TYPE	Estimate						
2021-10-01							
2021-10-02		1					
2021-10-03			Ī				
2021-10-04							
2021-10-05							
2021-10-06							
2021-10-07							
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Maximum	000000000000000000000000000000000000000			000000000000000000000000000000000000000	***************************************		.00000000000000000000000000000000000000
Average	000000000000000000000000000000000000000	20				000000000000000000000000000000000000000	200000000000000000000000000000000000000
Count		<u> </u>					
Name of Responsible I certify under the penalty of law that I Official or Authorized have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals			Signature of Author	f Responsible (ized Represent		Submission Date/Time	
Jeffrey Williamson Wil				Ž			Certification Version Date 2021-11-18 12:1:

Page 2

 SUBMISSION ID:
 1099173
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	I inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Dis	
SAMPLING		I					
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2021-10-01 2021-10-02							
2021-10-03							
2021-10-04							
2021-10-05		-	-				
2021-10-06		<u></u>	<u> </u>				
2021-10-07 2021-10-08		•				-	
2021-10-09							
2021-10-05	***************************************					-	
2021-10-11		-					
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2021-10-22				8			
2021-10-24		8		<u> </u>			
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2021-10-31							
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Maximum							
Average					000000000000000000000000000000000000000		
Count							
Name of Resp Official or Aut Representa	harized have pative familia submi	personally examer ar with the infort tted herein and	rmation based on my	; Signature o Author	of Responsible rized Represent		Submission Date/Time
	immed		ble for obtainin	g			
Jeffrey Williamson the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the						Certification Version Date 2021-11-18 12:11	
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Page 3

 SUBMISSION ID:
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 FACILITY:
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 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 402

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB: DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			NO	DISCHARGE II	NDICATOR:	AL	
PARAMETER	Flow Rate	T					
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch						
SAMPLING	24hr Total						
TYPE	Estimate						
2021-10-01							
2021-10-02							
2021-10-03							
2021-10-04							
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Maximum	000000000000000000000000000000000000000			000000000000000000000000000000000000000	000000000000000000000000000000000000000		000000000000000000000000000000000000000
Average	8 8 8	120000000000000000000000000000000000000		000000000000000000000000000000000000000			
Count			L	· · · · · · · · · · · · · · · · · · ·			
Name of Resp	onsible I cer	tify under the pen	alty of law that I	Signature o	f Responsible		Submission
Official or Aut	norized have	personally exami	ined and am	Author	ized Represent	ative	Date/Time
Representa	gr.cr.rr.r	liar with the infor					
		nitted herein and l					
		iry of those indivi					
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William	son ares	significant penaltic					2021-11-18 12:11
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		ibility of fine and					
	*PO33	TOTTLE OF THE CHIC	TITIDI IOCIIIII GIIL.				

Page 4

 SUBMISSION ID:
 1099173
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			N	O DISCHARGE I	NDICATOR:	AL	
PARAMETER	рН	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 m	l inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disc	***************************************
SAMPLING							
TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
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2021-10-03							
2021-10-04							
2021-10-05							
2021-10-06		<u> </u>					
2021-10-07		-					
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2021-10-10		-					
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2021-10-30				{		 	
2021-10-31							
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Official or Aut	horized have p	personally exam		∏ Signature o Author	of Responsible rized Represent		Submission Date/Time
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200000000000000000000000000000000000000		y of those indiv		000000000000000000000000000000000000000	200000000000000000000000000000000000000	200022000000000000000000000000000000000	000000000000000000000000000000000000000
			ble for obtaining	g			
	8 7 .	formation, I beli					Certification
Jeffre			is true, accurat	æ			Version Date
		mplete. I am av		a			
William	false i	nformation, inc		.y			2021-11-18 12:11
	DOSSIL	omity of fine and	imprisonment.				***************************************

Page 5

 SUBMISSION ID:
 1099173
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 403

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB:
DISTRICT: CDO ANALYST:

NO DISCHARGE INDICATOR: AL

			NO	DISCHARGE II	NDICATOR:	AL	
PARAMETER	Flow Rate	T					
PARAMETER CODE	50050						
UNITS	MGD						
FREQUENCY	When Disch						
SAMPLING	24hr Total						
TYPE	Estimate						
2021-10-01							
2021-10-02							
2021-10-03							
2021-10-04							
2021-10-05							
2021-10-06							
2021-10-07							
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2021-10-29 2021-10-30	***************************************			nnasconnasconnasconnasconnasconnasconnascon	***************************************	***********************	
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Minimum							
Maximum	000000000000000000000000000000000000000			000000000000000000000000000000000000000	000000000000000000000000000000000000000		000000000000000000000000000000000000000
Average	8 8 8	120000000000000000000000000000000000000		000000000000000000000000000000000000000			
Count			L	· · · · · · · · · · · · · · · · · · ·			
Name of Resp	onsible I cer	tify under the pen	alty of law that I	Signature o	f Responsible		Submission
Official or Aut	norized have	personally exami	ined and am	Author	ized Represent	ative	Date/Time
Representa	gr.cr.rr.r	liar with the infor					
		nitted herein and l					
		iry of those indivi					
000000000000000000000000000000000000000		ediately responsil		000000000000000000000000000000000000000	000000000000000000000000000000000000000	100000000000000000000000000000000000000	
	the i	nformation, I beli	eve the				
Inffra	8 ,	nitted information					Certification
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William	son ares	significant penaltic					2021-11-18 12:11
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		ibility of fine and					
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Page 6

 SUBMISSION ID:
 1099173
 STATUS:
 Original

 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY: Morrow REPORTING LAB: Brookside
DISTRICT: CDO ANALYST: Charel Rex

NO DISCHARGE INDICATOR:

			141	O DISCHARGE II	ADICATOR.		
PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rat	e Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1/2 Weeks	1/2 Weeks	1 / 2 Wee	ks 1/2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Tot Estimati	
2021-10-01						Latiniati	-
2021-10-02							
2021-10-03							
2021-10-04	.0321	.0150	.0000	.1835	1.5176	.0000	.7860
2021-10-05							
2021-10-06							
2021-10-07							
2021-10-08							
2021-10-09							
2021-10-10		1000					
2021-10-11	.1077	.4900					
2021-10-12							
2021-10-13 2021-10-14							
2021-10-15							
2021-10-16							
2021-10-17							
2021-10-18	.1059	.5300	.0000	.1792	.1213	.0000	.0160
2021-10-19							
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2021-10-21		***************************************					
2021-10-22							
2021-10-23							
2021-10-24							
2021-10-25	.1857	.5200					
2021-10-26							
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2021-10-30				***************************************			
2021-10-31	0.000	A 417		A 3 7 A 5	A 2 A 2 A	-	
Minimum	0.0321	0.015	0.0	0.1792	0.1213	0.0	0.016
Maximum	0.1857	0.53	0.0	0.1835	1.5176	0.0	0.786
Average	0.10785	0.38875	<u> </u>	0.18135	0.81945	<u> </u>	0.401
Count	44	4	<u>Limitania</u>	2	2	2	2
Name of Resp Official or Aut Represent	ative familia: submit	y under the per ersonally exam r with the infor ted herein and r of those indivi	ined and am mation based on my	I Signature o Author	f Responsible ized Represent		Submission Date/Time
Jeffrey Williamson Wil				е			Certification Version Date 2021-11-18 12:11

Page 7

 SUBMISSION ID:
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 FACILITY:
 H2-Oh-Yeah
 PERMIT NUMBER:
 4MP00028*AM

 LOCATION:
 2134 C.R. 224
 STATION CODE:
 602

Ashley, OH 43003 MONITORING PERIOD :

COUNTY:MorrowREPORTING LAB:BrooksideDISTRICT:CDOANALYST:Charel Rex

NO DISCHARGE INDICATOR:

			141	D DISCHARGE II	MDICATON.		
PARAMETER	Sludge Solids, Percent Volatile	Freeboard	рН	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogei Inorgani Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	5.U.	mg/l	mg/l	mg/l	
FREQUENCY	1/2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	1
SAMPLING	Grab	Total	Grab	Grab	Grab	Grab	
TYPE	orus -	10.0.	Grub	0.00	Giuo	0.40	
2021-10-01							
2021-10-02							
2021-10-03 2021-10-04	AAE 0	2	8.220	.0089	.0000	.0000	
2021-10-04	AA5.0		0.220	.0009	.0000	.0000	
2021-10-05							
2021-10-07							
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2021-10-16							
2021-10-17	27 5560		0.000				
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2021-10-29		00000000000000000000000000000000000000	***************************************	***************************************			***************************************
2021-10-30				***************************************			
2021-10-31						***************************************	
Minimum	0.0	2.0	8.06	0.0089	0.0	0.0	
Maximum	21.556	2.0	8.22	0.0089	0.0	0.0	
Average	10.778	2	000000000000000000000000000000000000000	0.0089	<u> </u>	0	
Count	2	2	2	1	1	1	
Name of Resp Official or Auti Representa	horized have p tive familia submit	ersonally exami r with the infor ted herein and l	mation based on my	I Signature o Author	of Responsible (ized Represent		Submission Date/Time
inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				e			Certification Version Date 2021-11-18 12:1:

Page 8

FACILITY: LOCATION: H2-Oh-Yeah 2134 C.R. 224 PERMIT NUMBER: MONITORING PERIOD: 4MP00028*AM

2021-10-01 To: 2021-10-31

Ashley, OH 43003

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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